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Bib Data Sheet

CONFIRMATION NO. 4816

|   |   |                                  |   |  |
|---|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/678,333  | <b>FILING DATE</b><br>10/03/2000<br><b>RULE</b>   | <b>CLASS</b><br>375              | <b>GROUP ART UNIT</b><br>2631   | <b>ATTORNEY DOCKET NO.</b><br>0879-0281P |
| <b>APPLICANTS</b> ✓<br>Mikio Watanabe, Asaka-shi, JAPAN; ✓  |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b>   |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 11-283125 10/04/1999 ✓  |   |                                  |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/13/2000</b>  |   |                                  |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Allowance <u>YJA</u><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>12                |
|   |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>3           |
| <b>ADDRESS</b><br>BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>P. O. Box 747<br>Falls Church, VA 22040-0747  |   |                                  |   |  |
| <b>TITLE</b><br>Information recording device and communication method thereof, electronic camera, and communication system  |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>840   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |